125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE	FILING				
AGENCY NAME MS State Department of Health		CONTACT PERSON Mitchell Adcock		TELEPHONE NUMBER 601-576-7847	
ADDRESS PO Box 1700		CITY Jackson		STATE MS	ZIP 39211-1700
Ingrid.williams@msdh.ms.gov	UBMIT ATE -4-15	Name or number of rule(s): MISSISSIPPI POISON CONTROL CENTER CERTIFICATION STANDARDS			
Short explanation of rule/amendment/repeal and Per the federal law, the Public Health Service Act, professional organization in the field of poison corprovide for the protection of the public health in recrtification that reasonably provide for the public University of MS Medical Center has requested the The attached are the standards by which the MPP Specific legal authority authorizing the promulgations all rules repealed, amended, or suspended by	in order to receive the atrol, and the Secretary egard to poisoning; or the alth with respect to the Mississippi State Dep C must comply in orde on of rule: Miss. Coc	federal grant, as outlined in the Act, y has approved the organization as had the center has been certified by the stopological policy of the Mississippi Poison Copartment of Health develop standards or to be certified in the State of Mississide Ann. §41-3-15	ving in effect st tate governme ontrol Center (and become t	tandards for certific nt as having in effec MPPC), located on t	cation that reasonably ct standards for the campus of the
ORAL PROCEEDING:					
X An oral proceeding is scheduled for this rule on Date: 9/30/2015 Time: 9:30a.m. Place: MS State Dept of Health — Osborne Auditorium 570 West Woodrow Wilson Dr. Jackson, MS Presently, an oral proceeding is not scheduled on this rule. If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency. ECONOMIC IMPACT STATEMENT: X Economic impact statement not required for this rule. Concise summary of economic impact statement attached,					
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Action propose X New r Amendr Repeal o	ule(s) ment to existing rule(s) of existing rule(s) on by reference effective date: s after filing	FINAL ACTION ON RULES Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing Other (specify):		
Printed name and Title of person authorized to file rules: Mitchell Adoock, Chief Administrative Officer Signature of person authorized to file rules: Wilson Color					
OFFICIAL FILING STAMP	DO NO	EP 0 4 2015 IISSISSIPPIETARY OF STATE		OFFICIAL FILING S	STAMP

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached,

Accepted for filing by

Accepted for filing by

Accepted for filing by